

**Case Management/Disease Management Referral Form****Complex Case Management ☐**

Examples of cases that should be considered for a CM Referral:

- Frequent ED visits or hospital stays ☐
- Medically complex conditions or coordination of care or complex discharge needs ☐
- Transgender ☐

**Maternal Mental Health Program ☐**

- Prenatal and Postpartum screened with a mental health condition ☐
- Perinatal loss/grief/trauma ☐

**Disease Management ☐**

Disease Management Programs Offered:

- Diabetes (newly diagnosed or HgbA1c >8) ☐
- Hypertension ☐ (newly diagnosed, recently started on meds, hospitalized recently for HTN, uncontrolled BP readings).

Fax Completed form to 1-619-740-8111

Member Demographics
Last Name: _____
First Name: _____
Date of Birth: _____
Member Phone Number: _____
Sharp Health Plan ID: _____
Primary Care Physician: _____
PCP Phone Number: _____

Requestor Information
Referred By: _____
Phone Number: _____
Fax Number: _____

Case Management Referral Information
Reason for Referral (addition space provided on page 2): _____ _____ _____
Member Diagnosis: _____
History of Present Condition: _____ _____ _____